

Interim immunization recommendations for individuals displaced by Hurricane Katrina

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The purpose of these recommendations is two-fold:

1. **To ensure that children, adolescents, and adults are protected against vaccine-preventable diseases in accordance with current recommendations.**
Immunization records are unlikely to be available for a large number of displaced children and adults. It is important that immunizations are kept current if possible.
2. **To reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded group settings.**
Although the possibility of an outbreak is low in a vaccinated U.S. population, it is possible that outbreaks of varicella, rubella, mumps, or measles could occur. Although measles and rubella are no longer endemic to the United States, introductions do occur, and crowded conditions would facilitate their spread. Hepatitis A incidence is low in the affected areas, but post-exposure prophylaxis in these settings would be logistically difficult and so vaccination is recommended. In addition, the influenza season will begin soon and influenza can spread easily under crowded conditions.

I. Recommended immunizations

If immunization records are available:

Children and adults should be vaccinated according to the recommended child, adolescent, and adult immunization schedules.

- Childhood and Adolescent Immunization Schedule: www.cdc.gov/nip/recs/child-schedule.htm.
- Adult Immunization Schedule: www.cdc.gov/nip/recs/adult-schedule.htm.

If immunization records are not available:

Children aged <6 years of age should be forward vaccinated. They should be treated as if they were up-to-date with recommended immunizations and given any doses that are recommended for their current age. This includes the following vaccines:

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)
- Inactivated Poliovirus vaccine (IPV)
- *Haemophilus influenzae* type b vaccine (Hib)
- Hepatitis B vaccine (HepB)
- Pneumococcal conjugate vaccine (PCV)
- Measles-mumps-rubella vaccine (MMR)
- Varicella vaccine if no history of chickenpox

- Influenza vaccine if in Tier 1.* This includes all children from 6-23 month and children up to age 10 with a high risk condition (MMWR 2005;54:749-750).
www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm
- Hepatitis A is not routinely recommended in all states; state immunization practice should be followed.

Children and adolescents (aged 11-18 years) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)
- Meningococcal conjugate vaccine (MCV (ages 11-12 and 15 years only)
- Influenza vaccine if in Tier 1* (MMWR 2005;54:749-750)
www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

Adults (aged >18 years) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids (Td) if >10 years since receipt of any tetanus toxoid-containing vaccine
- Pneumococcal polysaccharide vaccine (PPV) for adults ≥65 years or with a high risk condition (MMWR 1997;46(No. RR-8):12-13)
- Influenza vaccine if in Tier 1*(MMWR 2005;54:749-750).
www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

II. Crowded Group Settings

In addition to the vaccines given routinely as part of the child and adolescent schedules, the following vaccines should be given to displaced person living in crowded group settings:

Influenza	Everyone ≥6 months of age should receive influenza vaccine. Children 8 years old or younger should receive 2 doses, at least one month apart.
Varicella	Everyone >12 months of age and born in the United States after 1965 should receive one dose of this vaccine unless they have a history of chickenpox.
MMR	Everyone >12 months of age and born after 1957 should receive one dose of this vaccine.
Hepatitis A	Everyone ≥2 years of age should receive one dose of hepatitis A vaccine unless they have a clear history of hepatitis A.

Immunocompromised individuals, such as HIV-infected persons, pregnant women, and those on systemic steroids, should not receive the live viral vaccines, varicella and MMR. Screening should be performed by self-report.

Documentation

It is critical that all vaccines administered be properly documented. Immunization records should be provided in accordance with the practice of the state in which the vaccine is administered. Immunization cards should be provided to individuals at the time of vaccination.

Standard immunization practices should be followed for delivery of all vaccines, including provision of [Vaccine Information Statements](#).

Diarrheal diseases

Vaccination against typhoid and cholera are not recommended. Both diseases are extremely rare in the Gulf States, and there is no vaccine against cholera licensed for use in the United States.

Rabies vaccine should only be used for post-exposure prophylaxis (e.g., after an animal bite or bat exposure) according to CDC guidelines.

***Influenza Tier 1** (*MMWR* 2005;54:749-750).

www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm

Tier 1 recommendations include the following priority groups:

- Persons ages ≥ 65 years with comorbid conditions
- Residents of long-term care facilities
- Persons aged 2-64 years with comorbid conditions
- Persons ≥ 65 years without comorbid conditions
- Children aged 6-23 months
- Pregnant women
- Healthcare personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged < 6 months.

This document is also available online at

<http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccine displaced.asp>